

U. S. DEPARTMENT OF ENERGY

# TRAINING PARTICIPANT EVALUATION FORM

Course \_\_\_\_\_

Course Location \_\_\_\_\_

Date \_\_\_\_\_

Select the appropriate response to indicate your evaluation of items 1 through 14 and enter your selection in the column at the right. Do not split a rating.

		RATING		
		A	B	C
1.	<p>Stated course objectives accomplished</p> <p>A = Yes                      B = Partially                      C = No</p> <p>If B, which ones were not accomplished:</p> <p>If C, why not:</p>			
2.	<p>Coverage of subject matter</p> <p>A = Excellent                      B = Good                      C = Poor</p>			
3.	<p>Suitability of instructional materials</p> <p>A = Excellent                      B = Good                      C = Poor</p>			
4.	<p>Organization of subject matter</p> <p>A = Well organized                      B = Adequate                      C = Poorly organized</p>			
5.	<p>Level of difficulty</p> <p>A = Too advanced                      B = Appropriate                      C = Too elementary</p>			
6.	<p>Length of course</p> <p>A = Too long                      B = Appropriate                      C = Too short</p>			
7.	<p>Amount of outside or evening work</p> <p>A = Too much                      B = Appropriate                      C = Insufficient</p>			
8.	<p>Overall effectiveness of the instructor(s)</p> <p>A = Excellent                      B = Good                      C = Poor</p>			
9.	<p>Applicability of the subject matter to the job</p> <p>A = Significant                      B = Adequate                      C = Insignificant</p>			
10.	<p>Geographic location</p> <p>A = Excellent                      B = Good                      C = Poor</p>			
11.	<p>Facilities</p> <p>A = Excellent                      B = Good                      C = Poor</p>			
12.	<p>Recommend course to colleagues or others</p> <p>A = Highly                      B = Recommend                      C = Not Recommend</p>			
13.	<p>Training given timely for your needs</p> <p>A = Yes                      B = Too late                      C = Not applicable</p>			
14.	<p>Meets career development plans</p> <p>A = Yes                      B = No                      C = Not applicable</p>			

15. What were the strong points of the course? (List most important topics)

16. What were the weak points of the course? What topics would you add or delete?

17. What were your objectives in taking this course? Were they met?

18. What specifically did you learn that you can apply in your present job?

19. For academic classes, have you included an official grade report with a C or better for undergraduate and a B or better for graduate level classes?

20. Other Comments.

Please record below your overall reaction to the program by placing an "X" in the appropriate box on the scale below.

20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Excellent					Good					Fair					Poor				

Participant Signature	Date
Supervisor's Name, Signature, and Date	
Supervisor's Comments:	